| PATENT APPLICATION FEE DETERMINATION RECO   |  |          |                                  |                                   |                       |  |                                   |              |                | Application or Docket Number |                |                     |                          |
|---|--|----------|----------------------------------|-----------------------------------|-----------------------|--|-----------------------------------|--------------|----------------|------------------------------|----------------|---------------------|--------------------------|
|   | PAIENT   |          | Effectiv                         |                                   | 09/514460             |  |                                   |              |                |                              |                |                     |                          |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |          |                                  |                                   |                       |  |                                   |              | SMAL           | L ENTITY                     | OR             |                     | R THAN<br>ENTITY         |
| FC  | OR   |          | NUMBER FILED                     |                                   |                       | NUMBER EXTRA                               |                                   |              | RATE           |                              | 7              | RATE                | FEE                      |
| BA  | SIC FEE  |          |                                  |                                   |                       |  |                                   | Ī            |                | 345.00                       | OR             |                     | 690.00                   |
| TC.   | TAL CLAIMS                                     |          | 21                               | minus                             | 20=                   | •  |                                   |              | X\$ 9=         |                              | OR             | X\$18=              | 13                       |
| INDEPENDENT CLAIMS  |  |          | minus 3 =                        |                                   |                       | . 3  |                                   |              | X39=           |                              | OR             | X78=                | 234                      |
| MULTIPLE DEPENDENT CLAIM PRESENT  |  |          |                                  |                                   |                       |  |                                   | ŀ            | . 100          | <b> </b>                     | 1              |                     |                          |
| • If  | the difference                                 | ımn 1 is | less than ze                     | L                                 | +130=                 |  | OR                                | +260=        | 7 3            |                              |                |                     |                          |
| CLAIMS AS AMENDED - PART II   |  |          |                                  |                                   |                       |  |                                   |              |                |                              | JOR            | TOTAL               | 941                      |
| (Column 1) (Column 2) (Column 3)  |  |          |                                  |                                   |                       |  |                                   | SMAL         | L ENTITY       | OR                           | OTHER<br>SMALL |                     |                          |
| <b>AMENOMENT A</b>  | Д  | REM<br>A | AIMS<br>AINING<br>FTER<br>NDMENT |                                   | PF                    | HIGHEST<br>NUMBER<br>REVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA                  |              | RATE           | ADDI-<br>TIONAL<br>FEE       |                | RATE                | ADDI-<br>TIONAL<br>FEE   |
|   | Total  |          | 13                               | Minus                             |                       | 21   | = -                               |              | X\$ 9=         |                              | OR             | X\$18=              |                          |
|   | Independent                                    | ·        | 5                                | Minus                             | ***                   | <u> </u>                                   | =                                 | ſ            | X39=           |                              | OR             | X78=                |                          |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |          |                                  |                                   |                       |  |                                   | F            | +130=          |                              |                | +260=               |                          |
| TOTAL   |  |          |                                  |                                   |                       |  |                                   |              |                |                              | OR             | TOTAL               |                          |
|   |  | (Cali    | umn 11                           |                                   | (                     | iolumn (1)                                 | (Caluma 0)                        | ΑŒ           | DDIT. FE       |                              | OR             | ADDIT. FEE          | $\overline{\mathcal{C}}$ |
| AMENDMENT B   | (Column 1) CLAIMS REMAINING                    |          |                                  |                                   | (Column 2) (Column 3) |  |                                   | Г            |                | ADDI-                        | 1 1            |                     | ADDI-                    |
|   |  | AF       | TER<br>IDMENT                    |                                   | PF                    | NUMBER<br>REVIOUSLY<br>PAID FOR            | PRESENT<br>EXTRA                  | L            | RATE           | TIONAL<br>FEE                |                | RATE                | TIONAL<br>FEE            |
|   | Total  | •        | <u>le</u>                        | Minus                             | **                    | 13   | =                                 |              | X\$ 9=         |                              | OR             | X\$1 <del>0</del> = | 7                        |
|   | Independent                                    | · 1      | 4                                | Minus                             | ***                   | 3  | =                                 | t            | X39=_          |                              | OR             | X78=                |                          |
|   | FIRST PRESE                                    | NIATIC   | ON OF MU                         | JLTIPLE DEF                       | PEND                  | ENT CLAIM                                  |                                   | $\downarrow$ | 100            |                              |                |                     |                          |
|   | •  |          |                                  |                                   |                       |  |                                   | L            | +130=<br>TOTAL |                              | OR             | +260=               |                          |
| AC  |  |          |                                  |                                   |                       |  |                                   |              |                |                              | OR             | TOTAL<br>ADDIT. FEE |                          |
| _   |  |          | ımn 1)                           |                                   |                       | olumn 2)<br>IIGHEST                        | (Column 3)                        |              |                |                              |                |                     |                          |
| AMENDMENT C   |  | REM/     | AINING<br>TER<br>IDMENT          |                                   | PR                    | NUMBER<br>EVIOUSLY<br>AID FOR              | PRESENT<br>EXTRA                  |              | RATE           | ADDI-<br>TIONAL<br>FEE       |                | RATE                | ADDI-<br>TIONAL          |
|   | Total  | . 6      |                                  | Minus                             | ••                    | 6  | =                                 | 卜            | X\$ 9=         | FEE                          |                | X\$18=              | <del>-FEE</del>          |
|   | Independent                                    | • 4      |                                  | Minus                             | •••                   | 4  | =                                 | $\vdash$     |                |                              | OH             |                     |                          |
| _   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |          |                                  |                                   |                       |  |                                   |              | X30€           |                              | OR             | X78=                |                          |
| +130=   |  |          |                                  |                                   |                       |  |                                   |              |                |                              | OR             | +260=               |                          |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |  |          |                                  |                                   |                       |  |                                   |              |                |                              | OR ,           | TOTAL<br>ADDIT, FEE |                          |
| 1   | the "Highest Num                               | ber Prev | viously Paid                     | ia For IN THI<br>d For" (Total or | s SPA<br>Indep        | ICE is less that<br>rendent) is the        | n 3, enter "3."<br>highest number |              |                |                              |                |                     |                          |
|   |  |          |                                  |                                   |                       |  |                                   |              |                |                              |                |                     | 1                        |